



Fluid Management

ILD074406299

0314975176  
Cook County

Gen Corr

RECEIVED  
JUN 21 1999

PROGRAM MANAGEMENT BRANCH  
Waste, Pesticides & Toxics Division  
U.S. EPA - REGION 5

## InterOffice Memo

Date: June 11, 1999

cc: John Snow, John Fortin

To: Illinois Environmental Protection Agency  
Bureau of Land #24  
PO Box 19276  
Springfield IL 62794-9276

From: Glen Christensen

Subject: Small Quantity Generator Status

RECEIVED  
JUN 20 1999

PROGRAM MANAGEMENT BRANCH  
Waste, Pesticides & Toxics Division  
U.S. EPA - REGION 5

The purpose of this communication is to express to the agency that we are pleased to announce we have achieved and have maintained the criteria to allow Fluid Management to be in the SQG category for the first six months of 1999.

Through source reduction we have been able to reduce gradually from one reporting year to the next. In 1999 we have taken several steps forward to finally achieve and maintain the quantities to assure we will remain a SQG. Through capital improvements we have updated our processes to eliminate some hazardous wastes completely.

In the first six months of this year we have generated only 3,487 lbs. of hazardous waste. This averages too less than 600 lbs. a month.

In 1997 we reported 24,086 lbs. for the year-end total, this averages to appr. 2000 lbs. Per month. In 1998 we reported 16,707 year end total which averages to Apr. 1400 lbs. Per month.

Please enter this memo into the Fluid Management file. Our Illinois EPA # is 0314975176. Our USEPA # is ILD074406299.

Thank You,

*Glen Christensen*  
Glen Christensen

Facility Manager

Fluid Management

*updated  
6/23/99*



Please refer to the instructions for Filing Notification before completing this form. The information requested here is required by law (Section 3010 of the Resource Conservation and Recovery Act).



# Notification of Regulated Waste Activity

United States Environmental Protection Agency

Date Received  
(For Official Use Only)

MAY 11 1992

## I. Installation's EPA ID Number (Mark 'X' in the appropriate box)



A. First Notification

B. Subsequent Notification  
(complete item C)

C. Installation's EPA ID Number

ILD074406299

## II. Name of Installation (Include company and specific site name)

FLUID MANAGEMENT LTD. PARTNERSHIP

## III. Location of Installation (Physical address not P.O. Box or Route Number)

Street

1020 NOEL

Street (continued)

City or Town

WHEELING

State

ZIP Code

IL 60090-

County Code

County Name

COOK

## IV. Installation Mailing Address (See Instructions)

Street or P.O. Box

1020 NOEL

City or Town

WHEELING

State

ZIP Code

IL 60090-

## V. Installation Contact (Person to be contacted regarding waste activities at site)

Name (last)

NORMAN

(first)

GENE

Job Title

MFG ENGINEER

Phone Number (area code and number) 4499

708-537-0880-C

## VI. Installation Contact Address (See Instructions)

A. Contact Address  
Location Mailing

B. Street or P.O. Box

1020 NOEL

City or Town

WHEELING

State

ZIP Code

IL 60090-

## VII. Ownership (See Instructions)

A. Name of Installation's Legal Owner

FLUID MANAGEMENT

Street, P.O. Box, or Route Number

1020 NOEL

City or Town

WHEELING

State

ZIP Code

IL 60090-

Phone Number (area code and number)

708-537-0880

B. Land Type



C. Owner Type

D. Change of Owner  
IndicatorYes ☐No ☐(Date Changed)  
Month Day Year

ID - For Official Use Only

## VIII. Type of Regulated Waste Activity (Mark 'X' in the appropriate boxes. Refer to Instructions.)

## A. Hazardous Waste Activity

1. Generator (See Instructions)
- ☐ a. Greater than 1000kg/mo (2,200 lbs.)
- ☒ b. 100 to 1000 kg/mo (220 - 2,200 lbs.)
- ☐ c. Less than 100 kg/mo (220 lbs.)
2. Transporter (Indicate Mode in boxes 1-5 below)
- ☐ a. For own waste only
- ☐ b. For commercial purposes
- Mode of Transportation
- ☐ 1. Air
- ☐ 2. Rail
- ☐ 3. Highway
- ☐ 4. Water
- ☐ 5. Other - specify
3. Treater, Storer, Disposer (at installation)  
Note: A permit is required for this activity; see instructions.
4. Hazardous Waste Fuel
- ☐ a. Generator Marketing to Burner
- ☐ b. Other Marketers
- ☐ c. Burner - indicate device(s) - Type of Combustion Device
- ☐ 1. Utility Boiler
- ☐ 2. Industrial Boiler
- ☐ 3. Industrial Furnace
- ☐ 5. Underground Injection Control

## B. Used Oil Fuel Activities

1. Off-Specification Used Oil Fuel
- ☐ a. Generator Marketing to Burner
- ☐ b. Other Marketer
- ☐ c. Burner - indicate device(s) - Type of Combustion Device
- ☐ 1. Utility Boiler
- ☐ 2. Industrial Boiler
- ☐ 3. Industrial Furnace
2. Specification Used Oil Fuel Marketer (or On-site Burner) Who First Claims the Oil Meets the Specification

## IX. Description of Regulated Wastes (Use additional sheets if necessary)

A. Characteristics of Nonlisted Hazardous Wastes. Mark 'X' in the boxes corresponding to the characteristics of nonlisted hazardous wastes your installation handles. (See 40 CFR Parts 261.20 - 261.24)

1. Ignitable (D001) ☒
2. Corrosive (D002) ☐
3. Reactive (D003) ☐
4. EP Toxic (D000) ☐
- (List specific EPA hazardous waste number(s) for the EP Toxic contaminant(s).)

F 0 0 1

B. Listed Hazardous Wastes. (See 40 CFR 261.31 - 33. See instructions if you need to list more than 12 waste codes.)

1 F 0 0 1	2 A F 0 0 3	3 A3 F 0 0 5	4	5	6
7	8	9	10	11	12

C. Other Wastes. (State or other wastes requiring an I.D. number. See instructions.)

1	2	3	4	5	6
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## X. Certification

I certify under penalty of law that I have personally examined and am familiar with the information submitted in this and all attached documents, and that based on my inquiry of those individuals immediately responsible for obtaining the information, I believe that the submitted information is true, accurate, and complete. I am aware that there are significant penalties for submitting false information, including the possibility of fines and imprisonment.

Signature

J. Norman

Name and Official Title (type or print)

GENE NORMAN MFG. ENGR.

Date Signed

4/20/92

## XI. Comments

5/11 per call  
purchased from Gandy Data



UNITED STATES ENVIRONMENTAL PROTECTION AGENCY  
REGION 5  
77 WEST JACKSON BOULEVARD  
CHICAGO, IL 60604-3590

REPLY TO THE ATTENTION OF:

June 11, 1992

FLUID MANAGEMENT LTD PARTNERSHIP  
ATTN GENE NORMAN  
1020 NOEL  
WHEELING IL 60090

RE: US EPA ID Number ILD 074 406 299

Location: 1020 NOEL

WHEELING IL 60090

In response to your correspondence of MAY 11 1992, the following  
information has been updated:

Name of Installation to	FLUID MGMT LTD PRTRNSHP
Installation mailing address to	1020 NOEL
Installation contact to	GENE NORMAN
	708-537-0880
Installation legal owner	FLUID MGMT
Generator status to	SMALL QUANTITY
Addition of waste code	D001 F003 F005

If you have any questions, please call me at (312) 886-6173.

Sincerely,

A handwritten signature in cursive script that reads "Sharon Kiddon".

Sharon Kiddon  
RCRA Notifications Coordinator  
Waste Management Division

cc: State Agency  
File



U.S. ENVIRONMENTAL PROTECTION AGENCY  
NOTIFICATION OF HAZARDOUS WASTE ACTIVITY

INSTRUCTIONS: If you received a preprinted label, affix it in the space at left. If any of the information on the label is incorrect, draw a line through it and supply the correct information in the appropriate section below. If the label is complete and correct, leave Items I, II, and III below blank. If you did not receive a preprinted label, complete all items. "Installation" means a single site where hazardous waste is generated, treated, stored and/or disposed of, or a transporter's principal place of business. Please refer to the INSTRUCTIONS FOR FILING NOTIFICATION before completing this form. The information requested herein is required by law (Section 3010 of the Resource Conservation and Recovery Act).

PLEASE PLACE LABEL IN THIS SPACE

001102 JAN 27

## FOR OFFICIAL USE ONLY

## COMMENTS

INSTALLATION'S EPA I.D. NUMBER	APPROVED	DATE RECEIVED (yr., mo., & day)
ILD074406299	A	8/10/88

## I. NAME OF INSTALLATION

GANDOLF DATA INC

## II. INSTALLATION MAILING ADDRESS

## STREET OR P.O. BOX

31019 S. NOEL ST.

## CITY OR TOWN

WHEELING

## ST.

## ZIP CODE

IL 60090

## III. LOCATION OF INSTALLATION

## STREET OR ROUTE NUMBER

51020 S. NOEL ST.

## CITY OR TOWN

WHEELING

## ST.

## ZIP CODE

IL 60090

## IV. INSTALLATION CONTACT

## NAME AND TITLE (last, first, &amp; job title)

2 KELLY RICHARD PRODUCTION MGR

## PHONE NO. (area code &amp; no.)

312-541-6060

## V. OWNERSHIP

## A. NAME OF INSTALLATION'S LEGAL OWNER

8 DES CUNNINGHAM

## B. TYPE OF OWNERSHIP (enter the appropriate letter into box)

F = FEDERAL  
M = NON-FEDERAL

M

## VI. TYPE OF HAZARDOUS WASTE ACTIVITY (enter "X" in the appropriate box(es))

☒ A. GENERATION☐ B. TRANSPORTATION (complete item VII)☐ C. TREAT/STORE/DISPOSE☐ D. UNDERGROUND INJECTION

## VII. MODE OF TRANSPORTATION (transporters only - enter "X" in the appropriate box(es))

☐ A. AIR☐ B. RAIL☐ C. HIGHWAY☐ D. WATER☐ E. OTHER (specify):

## VIII. FIRST OR SUBSEQUENT NOTIFICATION

Mark "X" in the appropriate box to indicate whether this is your installation's first notification of hazardous waste activity or a subsequent notification. If this is not your first notification, enter your Installation's EPA I.D. Number in the space provided below.

☒ A. FIRST NOTIFICATION☐ B. SUBSEQUENT NOTIFICATION (complete item C)

## C. INSTALLATION'S EPA I.D. NO.

ILD074406299

## IX. DESCRIPTION OF HAZARDOUS WASTES

Please go to the reverse of this form and provide the requested information.

I.D. - FOR OFFICIAL USE ONLY															
S	1	2	3	4	5	6	7	8	9	10	11	12	13	14	15
W	1	2	3	4	5	6	7	8	9	10	11	12	13	14	15

# IX. DESCRIPTION OF HAZARDOUS WASTES (continued from front)

A. HAZARDOUS WASTES FROM NON-SPECIFIC SOURCES. Enter the four-digit number from 40 CFR Part 261.31 for each listed hazardous waste from non-specific sources your installation handles. Use additional sheets if necessary.

1 F001	2	3	4	5	6
23 - 26	23 - 26	23 - 26	23 - 26	23 - 26	23 - 26
7	8	9	10	11	12
23 - 26	23 - 26	23 - 26	23 - 26	23 - 26	23 - 26

B. HAZARDOUS WASTES FROM SPECIFIC SOURCES. Enter the four-digit number from 40 CFR Part 261.32 for each listed hazardous waste from specific industrial sources your installation handles. Use additional sheets if necessary.

13	14	15	16	17	18
23 - 26	23 - 26	23 - 26	23 - 26	23 - 26	23 - 26
19	20	21	22	23	24
23 - 26	23 - 26	23 - 26	23 - 26	23 - 26	23 - 26
25	26	27	28	29	30
23 - 26	23 - 26	23 - 26	23 - 26	23 - 26	23 - 26

C. COMMERCIAL CHEMICAL PRODUCT HAZARDOUS WASTES. Enter the four-digit number from 40 CFR Part 261.33 for each chemical substance your installation handles which may be a hazardous waste. Use additional sheets if necessary.

31	32	33	34	35	36
23 - 26	23 - 26	23 - 26	23 - 26	23 - 26	23 - 26
37	38	39	40	41	42
23 - 26	23 - 26	23 - 26	23 - 26	23 - 26	23 - 26
43	44	45	46	47	48
23 - 26	23 - 26	23 - 26	23 - 26	23 - 26	23 - 26

D. LISTED INFECTIOUS WASTES. Enter the four-digit number from 40 CFR Part 261.34 for each listed hazardous waste from hospitals, veterinary hospitals, medical and research laboratories your installation handles. Use additional sheets if necessary.

49	50	51	52	53	54
23 - 26	23 - 26	23 - 26	23 - 26	23 - 26	23 - 26

E. CHARACTERISTICS OF NON-LISTED HAZARDOUS WASTES. Mark "X" in the boxes corresponding to the characteristics of non-listed hazardous wastes your installation handles. (See 40 CFR Parts 261.21 - 261.24.)

☐ 1. IGNITABLE  
(D001)

☐ 2. CORROSIVE  
(D002)

☐ 3. REACTIVE  
(D003)

☐ 4. TOXIC  
(D000)

## X. CERTIFICATION

I certify under penalty of law that I have personally examined and am familiar with the information submitted in this and all attached documents, and that based on my inquiry of those individuals immediately responsible for obtaining the information, I believe that the submitted information is true, accurate, and complete. I am aware that there are significant penalties for submitting false information, including the possibility of fine and imprisonment.

SIGNATURE

*Richard Kelly*

NAME & OFFICIAL TITLE (type or print)

Richard Kelly Prod Mgr

DATE SIGNED

1-8-81



ACKNOWLEDGEMENT OF NOTIFICATION  
OF HAZARDOUS WASTE ACTIVITY  
(VERIFICATION)

This is to acknowledge that you have filed a Notification of Hazardous Waste Activity for the installation located at the address shown in the box below to comply with Section 3010 of the Resource Conservation and Recovery Act (RCRA). Your EPA Identification Number for that installation appears in the box below. The EPA Identification Number must be included on all shipping manifests for transporting hazardous wastes; on all Annual Reports that generators of hazardous waste, and owners and operators of hazardous waste treatment, storage and disposal facilities must file with EPA; on all applications for a Federal Hazardous Waste Permit; and other hazardous waste management reports and documents required under Subtitle C of RCRA.

EPA I.D. NUMBER

INSTALLATION ADDRESS

• ILD074406299	REACKNOWLEDGEMENT
GANDALF DATA INC.	
1019 S NOEL ST	IL 60090
WHEELING	
1020 S NOEL ST	IL 60090
WHEELING	

